Completion log

ID ⎧ WISE ID:_____

⎩ Name code: __ __ __ __ __

**WISE
STUDY TERMINATION**

Reason for termination *STREA*

1. ( ) Event after entry
   but before testing---> | Date of event___/___/___ *STEVD*
   STEV | mm dd yy
   | What event?
   | 1 ( ) Myocardial infarction
   | 2 ( ) PTCA and/orother percutaneous procedure
   | 3 ( ) CABG
   | 4 ( ) Other--->Specify:__*STEVS*_____

2. ( ) Refused testing----> | Test refused/ineligible:__*STREF*_____
   or found ineligible | Ø /
   for testing subsequent | Reason:__*STRFR*_____
   to entry |
   | _____
   | _____
   | _____

3. ( ) Died---> | Date of death ___/___/___ *STDED*
   | mm dd yy
   | **Attach narrative of circumstances surrounding death, including best estimate of cause of death.**

4. ( ) Lost---> | Documentation of efforts to contact patient:
   | *STLOS*
   | _____
   | _____
   | _____

5. ( ) Withdrew consent

Date of form completion:___/___/___ *STDAT*
                          mm dd yy

PI Signature_____